

Revised 4/18/00
For Bureau Use Only
FILE NUMBER: _____

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
LAND USE REGULATION PROGRAM
BUREAU OF TIDELANDS MANAGEMENT
P. O. BOX 439
TRENTON, NEW JERSEY 08625-0439

Tidelands Resource Council Questionnaire

This form must be completed by the seller or the person(s) who will be paying for the grant. In the space below, indicate if a title insurance company is paying for the grant, and name the company. If a title company is paying, this form should be completed by its insured. Please type or print legibly. Attach a clear copy of any documents which support your answers. For information concerning this form, contact the Bureau of Tidelands Management, P. O. Box 401, Trenton, NJ, (609) 292-2573.

TITLE COMPANY: _____

YOUR NAME: _____

TAX LOT AND BLOCK NUMBER(S) IDENTIFYING THE PROPERTY AND NAME
OF MUNICIPALITY: _____

1. Why are you applying for a tidelands grant?

2. Do you know of any changes in the location of the mean high water line on the property? If so, what happened, when and why?

3. Have you received any verbal information or written correspondence from the State concerning its tidelands claim to the property?

4. When and from whom did you learn of the State's claim to the property?

5. Give the date(s) of that the filling of the former tidal waterway(s) or other improvements of the tidelands took place. Was this done under the authority of a State permit?

6. Is there any relationship between you and the person(s) who did the filling of the former tidal waterways?

7. Is there a tidelands grant, lease or license for all or any portion of the property? If so, identify it (name, file number, issuance date, State or County recording information).

8. Have you or your predecessors in title ever applied to the State for a tidelands grant, lease or license? If so, give the name and file number of the application.

9. What was the listing/asking price at the time you purchased the property?

10. What was the final sale price?

11. What factors were taken into account in negotiating the final sale price?

12. Have you paid taxes on the property? If so, for how long? Are any taxes due now?

13. Have you or your predecessors in title ever challenged the assessed value of all or a portion of the property? If so, attach a true copy of the petition(s) or complaints. What was the result of this challenge?

Attach true copies of your title insurance policy(ies), title insurance commitment(s), settlement statement(s), escrow agreement(s) and your recorded deed.

Attach copies of all surveys and subdivision maps showing the property that are available to you, your attorney or agent and to your title insurance company.

You may use the space below for any other information you wish to bring to the State's attention. We welcome any and all information.

CERTIFICATION

I/We certify that the foregoing statements made by me/us are true. I/We are aware that if any of the foregoing statements made are willfully false, I/we are subject to punishment. I/We are further aware that the State will rely on such statements in making its decision concerning whether to convey any title interest it has in the property to me or to my buyer, and if the decision is made to sell its interest, the price for the sale. If any of these statements are false, I understand that the State of New Jersey may seek to invalidate any deed it has delivered and to have title to the property return to the ownership of the State of New Jersey. I recognize that I have a continuing obligation to provide complete and accurate information to the State in response to these questions and to my/our application.

DATE: _____

SIGNED: _____

(PLEASE PRINT NAME UNDERNEATH
SIGNATURE)

(THIS DOCUMENT SHOULD BE SIGNED BY THE SELLER OR OWNER OF THE
PROPERTY PERSONALLY.)